

**CERTIFICATE OF MAILING**

**RECEIVED**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, Washington, D.C. 20231

**DEC 26 2008**

**Typed or Printed Name** Donna Macedo

**Signature**

*D. Macedo*

**Date**

*12/12/2008* **TECH CENTER 1600/2900**

**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)



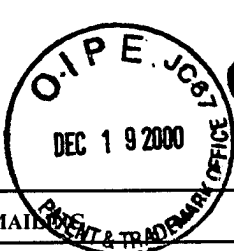
Attorney Docket	CLON-008
First Named Inventor	Chenchik
Application Number	09/417,268
Filing Date	October 13, 1999
Group Art Unit	1655
Examiner Name	B. Forman
Title	NUCLEIC ACID ARRAYS

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Issue Fee Transmittal (with copy of PTOL-85B)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip and Accompanying Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement, 1449, Intl. Examination Report and 1 reference	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Revocation <input type="checkbox"/> Associate	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 (with copy of Notice to File Missing Parts)	<input type="checkbox"/> Terminal Disclaimer	_____
	<input type="checkbox"/> Small Entity Statement	_____

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Individual Name</b>	Bret E. Field	<b>Registration No.</b>	37,620
<b>Firm Name</b>	BOZICEVIC, FIELD & FRANCIS LLP		
<b>Signature</b>	<i>[Signature]</i>		
<b>Date</b>	<i>12.11.08</i>		



RECEIVED

DEC 21 2000

GP/1655

TECH CENTER 10000000

<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.			
Typed or Printed Name	Donna Macedo		
Signature	<i>Df Macedo</i>	Date	12/15/00
<b>NON FEE TRANSMITTAL</b> <i>Note: Effective October 1, 1998. Patent fees are subject to annual revision.</i>		Attorney Docket Number	CLON-008
		First Named Inventor	Chenchik et al.
		Application Number	09/417,268
		Filing Date	October 13, 1999
		Group Art Unit	1655
		Examiner Name	B. Forman
		Title	NUCLEIC ACID ARRAYS

Enclosed are the following documents:

- Amendment Under 37 C.F.R. § 1.111
- Declaration Under 37 C.F.R. § 1.132
- Return receipt postcard.

**CLAIMS**

No. of claims as filed or after amendment			Most claims previously paid		Extra claims		Fee from below		Fee Due
Total claims	21	-	36	=	0	x		=	\$0
Ind. claims	3	-	4	=	0	x		=	\$0
Multiple Dependent claims						x		=	\$0
Large Fee Code	Entity Fee (\$)		Small Fee Code		Entity Fee (\$)		Fee Description		
103	18		203		9		Claims in excess of 20		
102	80		202		40		Independent claims in excess of 3		
104	270		204		135		Multiple dependent claim		
109	80		209		40		Reissue independent claims over original patent		
110	18		210		9		Reissue claims in excess of and over original patent		

<b>SUBMITTED BY</b>				Complete (if applicable)	
Typed or Printed Name	Bret E. Field, BOZICEVIC, FIELD & FRANCIS LLP			Reg. Number	37,620
Signature	<i>[Signature]</i>	Date	12.15.00	Deposit Account	50-0815